	CLAIMS AS FILED - PART I							09/710646						
		(Column 1) (Column 2					SMALL ENTITY			OTHER		THAI		
	BASIC FEE		HUMBER FILED		NUMBER EXTRA						<u> </u>	SMALL E		
	(3) OFR (.16(#)) TOTAL CAAIMS				- THE STATE OF THE		RAT	RATE FEE		•	RAI	ΙE	· FIL	
- 1	(37 CFR 1.16(c))	. 1				7		=	OA	1	T	\$		
	(3) CFR 1.16(b)	31.44.4		us 20 c			x s 22 = 1			OR	× 55	5.	<u> </u>	
	MULTIPLE DEPE	DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d))					x 3 10	7.	\Box	OR	x 5 20	Q		
	"If the difference in column 1 is less than zero, enter "0" in column 2.						+5.18	2		ĢR	+36	Q.		
1							TOTAL			O R	TOTAL			
-	CLAIMS AS AMENDED - PART II						•					٠	·	
-	(Column 1) (Column 2) (Column 3						SHAL	. ~		OR	Ori		. 1	
1	E 8100	CLAIMS	.	HIGHEST	PRESENT	<u> </u>	J. SIVIAL	LENTITY		GR T	SMA	HER TI	TITY	
1		AFTER AMENOMEN		PREVIOUS PAID FOR			RATE	ADDI- FIONA			RATE	T	ADO	
18	Total OFR 1.16(c)	1.7	Minu			\dashv	0.5	FEE		. [- ' '	FEI .	
1 3	Z Independent II (31 OFFR 1.16/6)		.Minu:		1.0	-	x.25.		_ 0	R X	,50 =	1	ret	
13	3 7						x s 100.	1	_ 0		,200	1		
1	FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(8))						+ 5 180=		OF	, [.	:312)	1-		
							TOTAL ADD'L FEE	1	OR	TC	TAL			
 -	(Column 1) (Column 2) (Column 3)							(7 0"	AC	D.C. E.E.E			
α	1	. CLAIMS REMAINING	7	HIGHEST	7	7 [7	·			- 1	
Z		AFTER	1.	PREVIOUSLY	PRESENT	Π	RATE	A001-	1	1.	RATE			
ME	म देसर गण्डी क्रिक्स गण्डी	AMENDMENT	Minus	PAID FOR		1: L		TIONAL	Ι.				DDF NAL,	
2	tracheragest trickli	-	·		<u> </u>	۱.,	.25.		· ·	-	50.		EE	
AMENOMENT	Cat Cade (* 1000)	L	Minus		•] Fx	100.		OR		200		.	
-	FRIST PRESENTATION OF MILTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						180a		OR					
•	,		1	OTAL		OR		16Q]				
	•				•	Ą	DOT FEE		OR ·	TOT.	r ree			
	r	(Column 1) CLAIMS	,	(Column 2)	(Column 3)		٠.		, .		L	- -		
AMENDMENT C		remaining	1 1	HIGHEST NUMBER	PRESENT					<u></u>				
		AFTER AMENOMENT		PREVIOUSLY PAID FOR	EXTRA	•	RATE	ADDI-		RU	STE	ADD		
ð	Total (It CIT)		Minus	**	-		25	FEE		 		TION		
	independent ni offi 1.16(b))		Minus	44 -		× :			ÖR	K 5			1.	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CER 1.16(d))						100		OR	× 52				
TOTAL OR + \$100°														
•	If the entry in co	lumn Listess that Cumber Previously	Illie enter:	la astr 2		CA	DIFEE		OR	TOTAL	ee e .			
• • •	"If the "Highest N	lumber Previously	Pald For	N THIS SPACE &	u m column J. Less than 20, e	nler *20								

"If the Highest Number Previously Paid For IN THIS SPACE is less than J, enter "J".

The Highest Number Previously Paid For Total or independent is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USP TO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete application tom to the USP TO. The will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commercia, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEKID TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22311-1450.

If you need essistance in completing the form, cell 1.600.PTO.9199 and soled option 2